

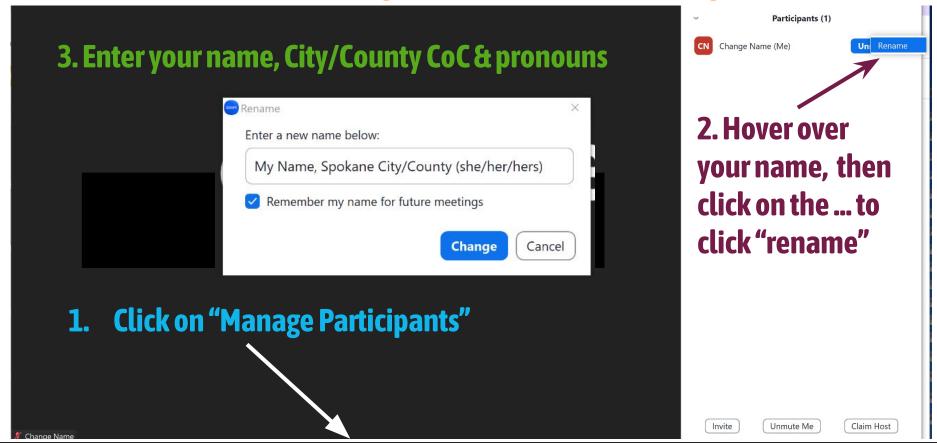
**Coordinated Prevention Core Elements** 

Tom Albanese, LSW

12.08.2022

COMMUNITY

### **WELCOME!** Housing Stabilization Learning Cohort























### Welcome!

Mute your audio! Turn on your video!

#### **Intros:**

Chat in your <u>name</u>, <u>City/County CoC</u>



















### **CHAT IN!**

Did you participate in the 11/30/22 HSLC Kick-Off?

### **Participating Communities**



Spokane City and County, WA



Cincinnati/Hamilton County, OH



**Greater Hartford, CT** 



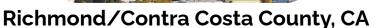
**Eugene/Lane County, OR** 



Charlotte/ Mecklenburg County, NC



Washington,
District of Columbia



### **Housing Stabilization Learning Cohort (HSLC)**

An innovation cohort of 7 BFZ communities - designed with BFZ communities and coordinated by our Upstream Strategies team -

to co-create local models that coordinate and target prevention to reduce inflow into literal homelessness and advance racial equity over 2 years

Phase 1 runs from November 2022 - July 2023
Phase 2 anticipated from August 2023-July 2024

### **Workshop Purpose:**

- Deeper dive around coordinated prevention core elements, incorporating lessons learned from Columbus, OH, 3-year demonstration
- Build relationships and knowledge -sharing across HSLC communities
- Further inform what resources we should collectively develop to support local development and implementation

#### Experiential/Relational Objectives:

- Get to know one another better
- Create a positive and energizing learning environment
- Generate excitement and momentum toward our shared goals to reduce inflow into literal homelessness and advance racial equity!

# COORDINATED HOMELESSNESS PREVENTION SYSTEMS:

#### **Core Elements**

- 1. Shared Vision, Understanding & Commitment to Prevention related to literal homelessness
- Coordinated, Housing-Focused Access Points & Service Providers across a wide variety of "upstream" community-based and cross-sector settings
- Standardized Housing Insecurity Screening, Response, and Referral Tools and Protocols including broad use of housing problem-solving and coordinated access prioritization approaches
- 4. Shared Data Culture & Platform supporting data collection, service referral and coordination, and reporting
- Ongoing Backbone Entity Support for partner recruitment, training, reporting, analysis, and ongoing system management & development

### Foundational Priorities for Phase 1: Starting Points

#### 1. Building Leadership & Organizational Capacity

- ➤ Dedicated HSLC Lead Organization, Local Coordinator & Data Lead point-of-contact + initial Working Group (to begin)
- Formalized diverse, representative Core Prevention Team with Leaders with Lived Expertise (by April)

#### 2. Understanding Current State of Prevention

Environmental Scan/Resource Mapping

#### 3. Using Qualitative & Quantitative Data

Initial inflow investigation

#### 4. Moving Toward a Coordinated Prevention Approach

- > Adopt common definition of Coordinated Prevention
- > Providers test screening, prioritization, access point, referral & training tools

#### 5. Setting Measurable Goals to Reduce Inflow & Advance Racial Equity

### Current HSLC Tools & Resources (more to come)

- Core Elements of Coordinated Prevention
- Draft Homelessness Prevention Partner Environmental Scan
  - Intentional partner strategy (tab 2 in above link)
- DRAFT Inflow Data Investigation Tool
- Inflow Data Investigation Tool One Pager
- Homelessness Prevention: Definitions & Key Concepts, including Housing Insecurity Risk Typology
- ❖ HSLC Housing Insecurity Screening Tool (v.1, November 2022)
- Roadmap with Sample Setting Measurable Goals

**Homelessness Prevention Network** operated by Community Shelter Board (CoC lead for Columbus/Franklin County, Ohio).

Initial 3-year demonstration (July 2020-June 2023) funded through corporate/philanthropic support.

#### Goal:

Reduce demand on the homeless crisis response system for families in Columbus and Franklin County by formalizing new collaborations with existing social service agencies and other places where families at highest risk can be quickly screened and assisted to avoid needing emergency shelter.

#### **Measurable Outcomes:**

- Year 1: at least 50% of HPN assisted high risk (risk level 3 or 4) families will not enter emergency shelter within three months of the HPN intervention.
- Years 2-3: at 75% of HPN assisted high risk (risk level 3 or 4) families will not enter emergency shelter within three months of the HPN intervention.



### **Homelessness Prevention Network** operated by Community Shelter Board (CoC lead for Columbus/Franklin County, Ohio)

- Connects families at imminent risk of literal homelessness within 30 days (per standardized screening) with community partners and resources to stabilize families and avoid literal homelessness.
- HPN partners can be Access Points or Service Providers (also serving as Access Points).
- Designated HPN partner staff are trained in screening, housing problem-solving, and triage. Staff identify high risk families using a standardized screening protocol and immediately offer such families housing-focused problem-solving assistance.
- **HPN Service Providers** offer <u>prioritized</u> access to array of housing stabilization resources, such as financial assistance or food pantry resources, for high-risk families.
- **HPN Access Points** and **Service Providers** use a shared, secure online platform to record information about high risk families and to generate priority service referrals. CSB uses data to evaluate post-intervention emergency shelter admission (impact).
- HPN partners collaborate based on a shared MOU.









Brief Standardized Screening: Standardized homeless risk typology and brief screener, including web-based screening and referral tool developed by ESRI.



Housing-Focused Problem-Solving: HPN partner staff trained on screening; strength-based, housingfocused problem solving; and connecting families to targeted and non-targeted community resources.



Response & Referral Guidance: Standardized response and referral guidance for staff based on risk level and customized for each access point and targeted populations.



Prioritized Access to Housing Stabilization Resources: Prioritized referrals among HPN partners for risk level 3 families to target and expedite access to needed prevention resources.

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#### **HPN Key Measures & Data Sources**

Key Measures	Homeless Hotline	Tier 1 HPN Intensive Service Provider (HPN ISP)	Tier 2 HPN Service Provider (HPN SP)	Tier 3 HPN Access Points (HPN AP)	
Current Providers/ Access Points	Netcare	GCH HFF	COMPASS FCMC SHRC IMPACT PCC St. Stephens	CCS Project Connect	
Number Identified at High Risk	•HMIS (entry data)	•HMIS (entry data)	•ESRI (entry data) •TBD (other screened/not entered)		
Assistance Provided	•HMIS (entry data)	•HMIS (service data)	•ESRI (service/referral data) •TBD (other screened and assisted, not entered)		
Immediate Risk Reduction	•HMIS (exit data)	•HMIS (no shelter entry within 14 days post-HPN)			
Non-Return to Crisis (including shelter entry) within 3 Months	•NA	•HMIS (no shelter entry within 3 months post-HPN)	•ESRI (no entry as risk level 3 or 4 within 3-months post-HPN) •HMIS (no shelter entry within 3 months post-HPN)		

### Core Element 1:

## **Shared Vision, Understanding & Commitment to Prevention**



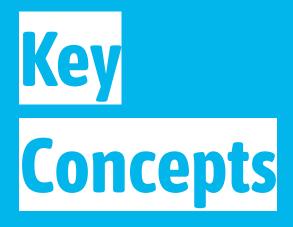
### **HSLC Working Definitions & Concepts**

**Homelessness prevention** refers to policies, practices, and interventions that reduce the likelihood that someone will experience homelessness. It also means providing those who have been homeless with the necessary resources and supports to stabilize their housing, enhance integration and social inclusion, and ultimately reduce the risk of the recurrence of homelessness.

#### **Types of Homelessness Prevention (HP):**

- Primary
- Secondary
- Tertiary

Stephen Gaetz & Erin Dej. (2017). A New Direction: A Framework for Homelessness Prevention. Toronto: Canadian Observatory on Homelessness Press.



**EFFICIENCY:** Prevention activities that are well targeted, delivering effective activities to people who are very likely to become homeless unless they receive help

**EFFECTIVENESS:** Prevention activities capable of stopping someone from becoming homeless

"Poor targeting leads to an inefficient strategy and inefficient strategies are rarely effective."

Martha Burt, et al (2005): Strategies for Preventing Homelessness. U.S. Department of Housing and Urban Development, Office of Policy Development and Research

## **What is TARGETED** Homelessness **Prevention?**

A form of secondary homelessness prevention that targets assistance to households at greatest risk for literal homelessness within a defined period of time and who lack other safe housing options and resources to avoid literal homelessness "but for" timely and individualized prevention assistance.

Helps individuals and families <u>avoid imminent</u> <u>literal homelessness</u> by providing timely, flexible assistance to resolve a household's immediate housing crisis and help them stabilize in their current or new housing.

An integral part of homeless system coordinated entry and diversion efforts.

Provides a direct and scalable means for reducing avoidable literal homelessness and homeless system inflow.

## **What is** COORDINATED Homelessness **Prevention?**

A community-wide approach that uses common risk screening criteria to identify people who are housing insecure, including those who are at greatest risk for literal homelessness, and then offers immediate, coordinated access to housing problem-solving and prevention-related resources, including prioritized access to assistance for people with more urgent prevention needs.

### **Key Element: HSLC Housing Insecurity Typology**

#### RISK LEVEL 0

#### Stably housed:

#### Housing is affordable, safe, and stable

(Example responses: ongoing investment in affordable housing)

#### **RISK LEVEL 1**

#### **Unstably housed:**

No immediate risk for literal homelessness, but characteristics indicate higher risk for future literal homelessness

(Example responses: family mediation, legal services, financial counseling, utility assistance programs)

#### RISK LEVEL 2

#### Risk of literal homelessness within 15 - 90 days

(Example responses: housing problem-solving, eviction prevention programs, family mediation, institutional pre/post discharge housing supports)

#### RISK LEVEL 3

Imminent risk of literal homelessness within 1-14 days

(Response: targeted homelessness prevention)

### RISK LEVEL 4 Literally homeless tonight

(Response: coordinated access to homeless assistance)

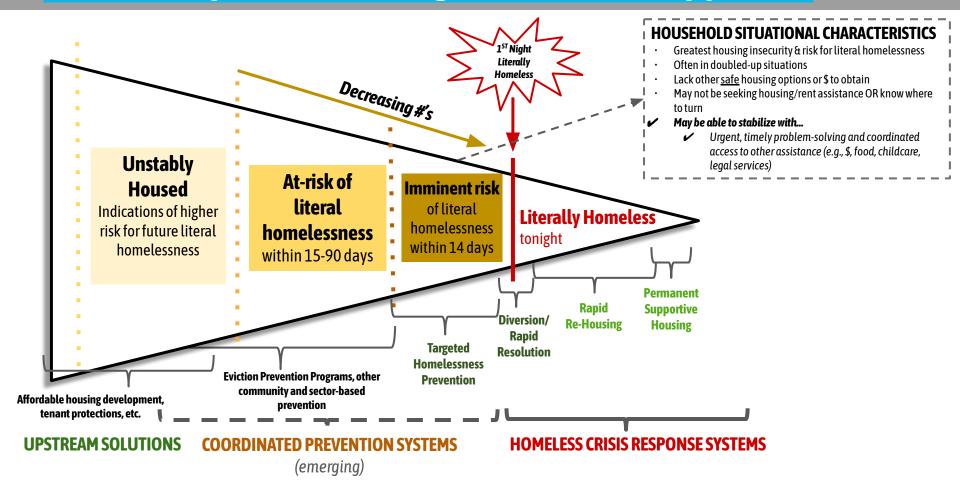
This is our working Housing Insecurity
Typology for HSLC, built off McKinney-Vento,
SSVF and common ways to identify people
most materially at risk, accounting for
screening to identify other characteristics
suggesting higher risk (e.g prior
homelessness, youth who aged out of foster
care, etc).

Emerging Coordinated Prevention
Systems

### HSLC Housing Insecurity Typology: Definitions & Indicators

Risk Level		Living Situation	Housing Options & Resources	
0	Stably Housed	<ul> <li>Current housing is safe; AND</li> <li>Current housing is stable for the foreseeable future (e.g., sufficient income to pay rent and utilities, able to stay with host family/friend indefinitely)</li> </ul>	Has housing options, financial resources, and/or support networks to maintain or obtain a safe place to stay for foreseeαble future.	
1	Unstably Housed	<ul> <li>No material risk of imminent risk of literal homelessness (i.e., not Risk Level 2-4); AND</li> <li>Is currently experiencing general housing insecurity due to housing cost burden, housing conditions, frequent unplanned</li> </ul>	Has housing options, financial resources, and/or support networks to maintain or obtain a safe place to stay for foreseeαble future.	
2	At-Risk of Literal Homelessness (within 15-90 Days)	• Must leave current housing within 15-90 days (e.g., due to court-ordered eviction, landlord-issued eviction, foreclosure, safety	Does not have other housing options, financial resources, and/or support networks to maintain or obtain a safe place to stay αfter the next 15-90 days.	
3	Imminent Risk of Literal Homelessness (within 1-14 Days)	teral Homelessness - Must leave current housing within 14 days (e.g., due to court-ordered eviction, foreclosure, imminent safety or health risk, host family/friend request to leave, family conflict, etc.); OR		
4	Literally Homeless Tonight	I Must leave current nousing today le.g., due to court-ordered eviction, foreclosure, immediate safety or health risk, nost		

### Community-Wide Housing Stabilization Approach





#### **Definitions & Standardized Risk Typology**

- Common definitions/risk typology created lasting alignment and a common language
  - For cross-sector partners, translated into "social determinant" language for purposes of establishing relevance and then mapping to existing or adapted screening tools and protocols
  - Helped Community Shelter Board/CoC and community leaders better delineate the relevance of resources/investments to preventing literal homelessness vs other types of homelessness and housing insecurity

### **Questions?**

**Comments?** 

Ideas?

### Core Element 2:

## Coordinated, Housing-Focused Access Points & Service Providers



### **Core Element: DRAFT Prevention System Partnership Framework**

Tier A Targeted Homelessness Prevention Service Providers	Tier B Community Prevention-Related Service Providers	Tier C Community and Sector-Based Access Points
Programs funded and designed to provide targeted homelessness prevention for households at-risk of literal homelessness within a 30- or 14-day timeframe "but for" program assistance (e.g., Emergency Solutions Grants (ESG) program-funded homelessness prevention.	provide any form of prevention-related assistance (financial, food, material, other service supports) for at-risk households.  Participating prevention system programs use	Any type of entity (e.g., health systems, libraries, schools, property managers) encountering households who may be at-risk of housing instability or homelessness that is willing and able to conduct light screening and resource connections. Entities generally do not provide prevention-related services and/or are not able to engage in the system as a Tier B as prevention service provider.
Programs typically screen-in and prioritize higher risk households as part of standard intake procedures, are trained and conduct more in-depth assessment and housing problem-solving, and provide more intensive and extended stabilization supports.	higher risk households, are trained and can offer individualized housing problem-solving assistance, and can facilitate expedited access (within a defined number of days) to agency prevention-related services and/or to other Tier A or Tier B prevention providers, when needed, to prevent literal homelessness for higher risk households.	Entities use standardized brief screening tools or equivalent tools to identify higher risk households, are trained and can offer basic housing problem-solving assistance, and facilitate expedited access (within defined number of days) to other Prevention providers, when needed, to prevent literal homelessness for higher risk households.

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#### <u>Pre-Demo Environmental Scan: July 2017</u>

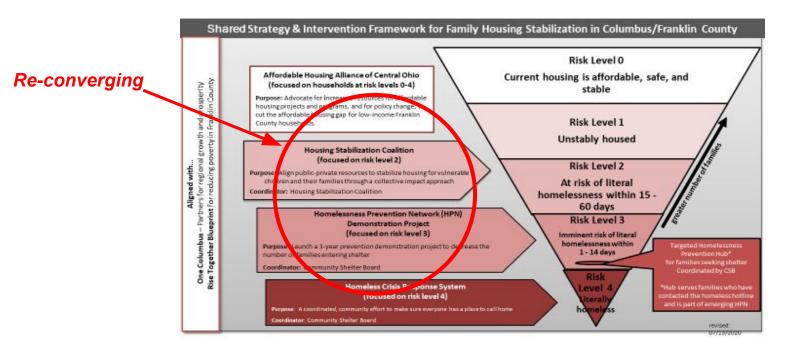
#### <u>Updated HPN Environmental Scan: August 2021</u>

- 7 Indicators Examined by Zip Code
- 1. Emergency shelter entries: percent of all families, PW entries 7/1/2019-6/30/2021
- 2. Eviction filings: number of filings January-July 2021
- 3. Poverty: percent of all households below federal poverty level 2012-2016
- 4. Household income: family median household income 2012-2016
- 5. TANF: percent of all recipients as of July 2021
- 6. SNAP: percent of all recipients as of July 2021
- 7. Medicaid: percent of all recipients July 2021

Zip Code	ZIP Code Name	Population	C1 Neighborhoods	# of Indicators Zip Code Shows in Top 5	Shelter Entry Rank	Eviction Filings Rank	HPN Partner
	Columbus		Linden	Top 5	1	9	St. Stephens
							C. C
	Columbus		Franklinton	2	2	8	Gladden, HFF
	Cols/Blacklick		Southeast	5	3	1	
	Cols/Whitehall		Southeast	1	4	10	
	Columbus		Hilltop	3	5	7	
43207	Cols/Obetz/Grover	45144	Southside	3	6	6	IMPACT
43206	Columbus	21864	Near South/Southside		7	18	
43219	Columbus	27123	Northeast		8	17	
43224	Columbus	38699	Morse/Northland	2	9	5	
43213	Whitehall	30444		1	10	2	
43228	Columbus	50737	Hilltop	3	11	4	
	Cols/Worthington		Morse/Northland	3	12	3	
	Columbus		Near South	1	13	19	COMPASS
	Columbus		Near Fast			19	COIVIPASS
10.000				2		14	
	Columbus		Franklinton	2	15	-	Gladden, HFF
	OSU area	35495		2	16		
	Columbus	27228			17		
	Reynoldsburg	51836			18	11	
	Canal Winchester	33847			19	12	
	Grove City	58424			20	20	9574000
	Columbus	12790			21		PCC
	Galloway	27698			22		
	Groveport	12161			23		
	Columbus	24989			24		
	Powell	38821			25		
	Columbus	19685			26	7.22	
	Columbus	38493			27	15	
	Blacklick	22727			28		
	Columbus	23258			29		
	Hilliard	54017			30		
	Columbus	24650			31		
	Columbus	31265			32		
	New Albany	20566			33		
	Westerville	55991			34	13	
	Columbus	2602			35	0.00	
	Gahanna	51161			36	16	
	Dublin	31306			37		
	Dublin	37626			38		
	Lockbourne	2388			39		
	Orient	12369			40		
	Pickerington	38440			41		
	Columbus	20251			42		
	Columbus	9432			43		
	Columbus Columbus	18551			44		
43216	Columbus	0			45		

#### **Evolving Partnership Model**





## HOMELESSNESS PREVENTION NETWORK communityshelterboard Until everyone has a place to call home

#### **Evolving Partnership Model**

- Development of next step stabilization service supports, partnerships
- Further integration of ESG/SSVF funded HP (Tier 1 partners)
- Shifting to hybrid/flexible model:
  - Focusing on smaller geographic catchment areas with access points referring to a single identified Tier 2 HPN Service Provider responsible for that area
  - o Developing sector-specific engagement, workflow integration, and collaboration approaches
- Influencing decisions around HPN 3.0 (post-demo) data collection approach, options.
   Considerations focused on shared data platform and/or use of emerging Community Information Exchange (data warehouse) to support:
  - Standardized data collection for impact evaluation
  - Data platform to facilitate access to information, expedited referrals, case tracking, and case conferencing

### **Questions?**

**Comments?** 

Ideas?

### Core Element 3:

Standardized Housing Insecurity Screening, Response, and Referral Tools and Protocols Core Element 4:

**Shared Data Culture & Platform** 



### **Housing Insecurity Screening**

HSLC Housing Insecurity Screening Tool (v.1, November 2022)

#### Standardized Screening, Response & Referral Process

#### HOMELESSNESS PREVENTION NETWORK

communityshelterboard

#### **Example tools:**

- HPN Screening-Assistance Process: Partner Workflow Tool
- HPN Screening-Assistance Process: Instructions

#### Homelessness Risk Screening

- Brief 1-4 question screening to ID high risk households
- RISK LEVEL 4: literal homelessness tonight "but for" assistance
- RISK LEVEL 3: literal homelessness w/in 30 days "but for" assistance

#### Housing Problem-Solving

- If RISK LEVEL 3 or 4:
- Engage in Housing Problem-Solving to reduce risk
- Obtain consent to share information with HPN partners & CSB
- Enter client information in HPN/ESRI tool

#### **Prioritized Assistance**

- If Housing Problem-Solving alone is insufficient or if additional, urgent needs:
- Offer expedited direct assistance and/or referral to other HPN assistance via HPN/ESRI tool
- IF RECEIVING AN HPN REFERRAL EMAIL: Reply to all within 48 hours if able to assist

#### Follow-up Support

- Follow-up support to further stabilize
- RISK LEVEL 4: Immediately refer to homeless hotline for assistance to access shelter.
- RISK LEVEL 3: Continue to offer housing problem-solving, additional HPN prioritized prevention assistance, and/or support to immediately access support from another HPN Service Provider if making an expedited referral.
- RISK LEVEL 2, 1 or 0: Continue to offer housing problem-solving assistance and connection to other assistance or resources, as needed and desired.

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#### Standardized Screening, Response & Referral Process

- Streamlining data entry to reduce partner burden
- Exploring other emerging platforms vs continued use of custom-built platform
  - Considerations influenced by CBO capacity, sector-based, whether or not currently participate in HMIS, etc.
- Working to improve how emergency assistance information (availability, eligibility, contact info, etc.) is collected/disseminated, including resources available on a prioritized basis
- Continue to evolve tools, written protocols for developing and operationalizing customized workflows specific to each partner

#### **Quick Poll:**

Chat in the "number" for Core Element(s) are you most interested in having additional 'deep dives' with peer sharing?

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- 4. Shared Data Culture & Platform supporting data collection, service referral and coordination, and reporting
- 5. Ongoing Backbone Entity Support for partner recruitment, training, reporting, analysis, and ongoing system management & development

### Any Questions? Reach out to YOUR BFZ HSLC Coordinator!



**Tyler Harmon**tharmon@community.solutions



Dawn Moskowitz

dmoskowitz@community.solutions



Nadia Lugo nlugo@community.solutions



Spokane City + County, WA



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Eugene/Lane County, OR



Charlotte/ Mecklenburg County, NC



Richmond/Contra Costa County, CA



Washington,
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- Roadmap with Sample Setting Measurable Goals

